



# राजपत्र, हिमाचल प्रदेश

## (असाधारण)

हिमाचल प्रदेश राज्य शासन द्वारा प्रकाशित

शिमला, बुधवार, 5 जुलाई, 2006/14 आषाढ़, 1928

हिमाचल प्रदेश सरकार

**BOARD OF AYURVEDA AND UNANI SYSTEM OF MEDICINES  
HIMACHAL PRADESH**

**Scheme for Registration of Ayurvedic and Unani Pharmacist  
(Bhaisajya Kalpak) in Himachal Pradesh**

### 1. AIMS AND OBJECTS :

The following scheme for the registration of Ayurvedic /Unani Pharmacist is being introduced with a view to produce competent Pharmacy Assistants/Compounders of a uniform standard for Ayurvedic/Unani Pharmacies/Institutions and Hospitals. The candidates shall be able to work efficiently as Compounders and Pharmacists and discharge other duties in the hospitals, dispensaries or pharmacies.

## 2. REGISTRATION:

1. A candidate who has undergone the prescribed course of studies and training and has passed the final examination from the recognized institutions shall be eligible for registration by the Board of Ayurveda & Unani System of Medicines, Himachal Pradesh in the register of Ayurveda/Unani Pharmacists. Only registered Ayurveda/Unani Pharmacist shall be given services in Government and other aided Ayurvedic/Unani hospitals, dispensaries, pharmacies and other institutions. They may also setup a shop for the purpose of stock and sale of Ayurvedic and Unani medicines.
2. Every person whose name is entered immediately before the enforcement of the scheme shall subject to the provisions of the scheme be deemed to be registered as pharmacist under the scheme and accordingly his name shall be entered in the appropriate part of the register maintained under the scheme.
3. No person shall be entitled under this section to have his name entered in the register if is minor.
4. The Board of Ayurvedic and Unani System of Medicines Himachal Pradesh shall maintain a Register of qualified Ayurvedic/Unani Pharmacists.
5. Every candidate who has obtained the Diploma/Certificate in pharmacy (Ayurveda/Unani) from recognized institution shall, on payment of a fee Rs. 1500/- be entitled to have his name enrolled in the above register.
6. Every candidate who desires to have his name enrolled on the aforesaid Register, shall apply to the Registrar Board of Ayurvedic & Unani System of Medicines, Himachal Pradesh, in the prescribed form alongwith two recent photograph together with registration fee giving full

particulars of informations required in the application form . He shall also submit alongwith his application an attested copy of the diploma/certificate obtained by him from the recognized institutions .

7. Every candidate registered under this scheme shall receive from the Registrar Board of Ayurvedic & Unani System of Medicines, Himachal Pradesh a certificate of enrolment in the prescribed form.

*By order,*

*Sd/-  
Director Ayurveda-cum-Chairman.*

## BOARD OF AYURVEDIC & UNANI SYSTEM OF MEDICINES HIMACHAL PRADESH

APPLICATION FORM FOR REGISTRATION AS AYURVEDIC /UNANI PHARMACIST.

To

**The Registrar,  
Board of Ayurvedic & Unani  
System of Medicines  
Himachal Pradesh.**

Attested copy  
of latest  
photograph

Sir,

I am to request you to please register my name as Ayurvedic /Unani Pharmacist of the Register maintained under the scheme of registration of Ayurvedic /Unani Pharmacists in Himachal Pradesh . Necessary particulars concerning my case are given here below for your information and record:—

1. Name of the applicant .....
2. Father's name .....
3. Date of birth .....  
(Attach a copy certificate in support of Date of Birth)
4. Permanent address .....  
.....  
.....
5. Correspondence address .....  
.....  
.....

6. (a) Name & Address of a recognized Faculty/Board/University/Institution in respect of Ayurveda and Unani System of Mediciens where studied.  
.....
- (b) Period of study in the institutions :
- (c) Name of examination passed:
- (d) Year in which passed:
7. If registered/enlisted with any State Board/Govt. organization:—
- (a) Registration /enlistment No. ....  
(Enclosed copy of certificate)
- (b) Name of the Board/Govt. Organization .....
8. (a) 1500 Rupees for making entry in the register and five hundred Rupees for the issue of Registration certificate have been sent vide money order No..... dated .....
- (b) In case the fee paid in cash official receipt No. .... dated.....

*Signature of applicant.*

**AFFIDAVIT**

I,..... s/o.....  
 Resident of Village.....Post Office .....  
 Tehsil.....Police Station.....  
 Distt..... Solemnly declared as follows:—

- (a) That I have gone through the Himachal Pradesh Ayurvedic Registration regulations and I promise to abide by the provisions of the said regulations,
- (b) I promise on oath that the contents submitted in the application form are true and correct, if found information wrong the Board has right to cancel my registration,
- (c) That I have not been adjudicated by a competent court to be of unsound mind,
- (d) That I am not an undischarged insolvent,
- (e) That my name has not been removed from the Register of Pharmacist maintained by the State Board/Govt. organization for professional misconduct,

I, solemnly declare and affirm that the contents given in the application from paras (a) to (e) above are correct to the best of my knowledge and belief. I further declare on oath that nothing relevant has been concealed.

Dated.....

*Signature of the applicant.*

TO BE FILLED IN BY THE OFFICE

Registration application received on ..... Diary No.....

(a) Fee for making entry in the register/or issuing certificate received on.....

(b) Official receipt No..... dated.....

(c) Cash Book page No..... personal ledger No.....

Signature of the Cashier.

Order of the Registrar .....

Registration No. ....

Original Certificate scrutinized and returned on .....

Registration certificate issued vide No.....dated.....

No. ....

## **BOARD OF AYURVEDIC & UNANI SYSTEM OF MEDICINES HIMACHAL PRADESH**

### **REGISTRATION CERTIFICATE OF AYURVEDIC & UNANI PHARMACIST**

CERTIFIED THAT SH.....

S/O..... HAS BEEN REGISTERED UNDER THE  
REGULATION OF REGISTRATION OF AYURVEDIC & UNANI PHARMACIST,  
HIMACHAL PRADESH AS AYURVEDIC/UNANI PHARMACIST ON  
.....AT SHIMLA.

1. QUALIFICATION .....
2. DATE OF BIRTH .....
3. ADDRESS .....

#### **NOTES:—**

1. THIS CERTIFICATE ENTITLED THE HOLDER TO STOCK AND SALE OF AYURVEDIC/UNANI MEDICINES WITHIN THE STATE OF HIMACHAL PRADESH ONLY.
2. THE CERTIFICATE HOLDER WILL NOT BE ENTITLED TO PRACTICE IN AYURVEDIC/UNANI SYSTEM OF MEDICINES.
3. THIS CERTIFICATE WILL REMAINS ENFORCE FOR THE YEAR.....

**REGISTRAR.**

#### **COMMON SEAL:**

DATED, SHIMLA, THE .....20 .

#### **IMPORTANT NOTICE:**

Every registered Pharmacist should be careful to send to the Registrar, immediate notice of any change in his address, and also to answer all inquiries that be sent to him by the Registrar in regard thereto, in order that his correct address may be duly inserted in the register. Otherwise the name of the pharmacist is liable to be removed from the register.